DATE:

MONTHLY ELIGIBILITY REPORT



THIS REPORT	IS FOR THE	MONTH OF

For Cash Aid and Food Stamps

- Complete, sign, and return this report by the 5th of the month.
- If you do not send in a complete report including, but not limited to, answering all questions and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. Attach a separate sheet of paper if needed.
- You must report within 5 days any change that may affect your eligibility for or the amount of your cash aid.
- If you get food stamps, answer for everyone in your household. If you do not get food stamps, answer for everyone on cash aid, including children, parents, stepparents, your spouse, and anyone temporarily absent from the home.
- Facts you report may result in your benefits going up, down, or being stopped.

Need Help? Call yo	our worker.				'	Worker:		Phone:		
If "YES", con	e get money from a mplete below. Include fore deductions for the	de tips, va	acation pay or in	ncome i	in kind, sı h paystu	uch as earne bs or other	ed housing. List proof of earnir	gross	YES	□ NO
● If self-emplo	loyed: For Food S For Cash A	Aid:	List business co Attach proof of sheet of paper a	of incom	ne. If you o	claim actual o	expenses, list b	proof of inco usiness expe	me and costs. nses on a sepa	arate
Who Got Income	Employer's Name (🗸)	Gross A	Amount	\$		\$	\$	\$	\$	
		Actual Γ	Date Received		-	4				
	☐ Job ☐ Training	ng No. of F	Hours Worked							
Who Got Income	Employer's Name (✔)			\$		\$	\$	\$	\$	
			Date Received							
	☐ Job ☐ Training	ıg No. of F	Hours Worked							
here and at	bove <u>paid</u> for care ttach proof of payr	ment.	d, disabled pe	rson o		•			, or in training,	, list
Name of Person vv	Vho Received Care	Cost		\longrightarrow	Name or	Person vvno r	Received Care	Cost		
		\$						\$		
Include: Chi strike benefi Security Inco indemnity, ve assistance; f	e receive money or nild/spousal support; its; cash, gifts, loan; come/State Supplem reterans or railroad if free housing/utilities	t; interest ons, scholar mentary Pa retirement es/clothing/	or dividends; garships; tax refundaryment (SSI/SS) at, other private of the food; or anything	ambling nds; any SP), une or gove	g/lottery wi y governm employme ernment di	nent benefits, ent, workers of lisability or re	s, like Social Sec compensation, s etirement; rental	curity, Suppler state disability income and r	y	□ NO
Who Got Income	Source of Inco	ome	Gross Amount	\$		\$	\$	\$	\$	
			Date Received							
Who Got Income	Source of Inco	ome	Gross Amount	\$		\$	\$	\$	\$	
ĺ			Date Received							
Report any	jets food stamps a changes in the co	ourt order	er. Attach pr	roof. \$	\$					
	nber in the househ nent after conviction							on, custody	YES	NO

E.W. INITIALS

COUNTY USE ONLY

distribution	of a contro	olled substance			elated felony for s committed <u>afte</u>			☐ YES	□ NO
If "YES", cor	npiete beiov R	<i>N:</i> ELATIONSHIP TO YOU	DATE DRUG CRIM	E COMMITTED	DATE OF FELONY CO	NVICTION	CONVICTION WAS FOR	POSSES	SSION
	absences; a		d, entered or		tal, etc. If "YES"		clude: newborns;	DATE OF CH.	
8 Does anyon	ne have any	/thing else to re	port? Include	expected o	changes. Attach	proof, i	ncluding any cos	ts. YES	NO
 Income: Job/ Training: School-Ages 6 through 17: School-Age 16 or older: Property: Checking/ Savings: Babies: 	Starts, char Start, stop, in number of For Cash A regularly. Start or stop school trans Buy, sell, tra home, land, Open/close balance is of	nges or stops. quit, refuse a job or f hours or go out or hid Only: Stop or st o school or college. sportation, etc. ade, give away, or go, or trusts, etc. (per a checking or savir different at the end egnant, have a bab	on strike. tart attending sc Costs for tuition get a motor vehices account(s) coff the month.	hool n, cle, ss) or the	 Citizenship/ Immigration Status: Marital: Disability: Medical Costs: Insurance: IHSS: 	anyone INS. Marry, d Become illness. For Foc age 60 c being us Start, ste benefits	iship or immigration a gets a new card, form ivorce, or separate. It disabled or recover and Stamps Only: And or older may report and to figure your cut op, or change life, de including MEDICAR or stops In-Home Sup	from a disability one who is done who is done medical corrent allotment ental or health E coverage.	n the ity/major isabled or costs not . insurance
		DEL ATIONICI IID TO VO	N.I.	EVDI AINI MILI		Otario o	stops in Floric Cup		
NAME OF PERSON(S)		RELATIONSHIP TO YO	DU	EXPLAIN WHA	AT HAPPENED			DATE OF CHA	ANGE
ADDRESS C	HANGE	Fill in this sect	ion ONLY if yo	ou have mov	ed or have a new	mailing	address.		
NEW HOME ADDRESS (N	NUMBER, STREE	ET NAME, AVENUE, BLVI	D., ETC.) APT. NO.	CITY	STAT	Ē	ZIP CODE	NEW PHONE	NUMBER
DATE MOVED I	NEW MAILING AI	DDRESS (IF DIFFERENT	FROM HOME ADDR	RESS)	CITY		STATE		ZIP CODE
If you are getting Food	Stamps you m	nay he asked to provid	la proof of your po						
			ie proor or your rie	w shelter costs.	. At the address you ha	ave listed a	are you paying rent?	VFQ	NO.
If YES, amount of rent		Paying utiliti	ies? YES	☐ NO If YE	S, amount of utilities \$		are you paying rent? 	☐ YES	□ NO
			ies? YES		S, amount of utilities \$		are you paying rent?	☐ YES	NO
I UNDERSTAND T aid or benefits, I c Medi-Cal/State CM	\$	purpose I do not re y prosecuted. And ly paid out <u>AND</u> I	eport all facts of all may be cha may be given:	NO If YE CERTIFIC r give wrong arged with co	S, amount of utilities \$ ATION facts about my incommitting a felony	ome, pro	perty, or family stat han \$400 in cash	cus to get or k aid, food star	seep getting
I UNDERSTAND T aid or benefits, I c	STHAT: If on p can be legall ISP is wrong CASH AID WE les, my cash I up to \$10,00	purpose I do not re y prosecuted. And ly paid out <u>AND</u> I ELFARE FRAUD: aid can be lowere 00 and/or sent to	eport all facts of d I may be cha may be given: If on purpose I ed for a period	NO If YE CERTIFIC r give wrong arged with co	ATION facts about my incommitting a felony PENALTIES FOR If food stamp rules, first violation, 24 m	ome, pro if more t FOOD ST my food s nonths fo	perty, or family stat	us to get or k aid, food star n purpose I d ped for 12 mc orever for the	eep getting mps, and/or o not follow onths for the
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